<u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>9/16/2010</u>	Address:	475 E. and 4 <u>50 N.</u>
Case #:	<u>24-318</u> 98		<u>Leesburg</u>
County:	Kosciusko		<u>Indiana</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): open air			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: open air			
Water Reactive Metal (Lithium): open air			
☐ Hydrochloric Acid Gas Generator(s): open air			
Corrosive Acid: open ait			
Corrosive Base: open air			
Other (item and location):			
☐ Yes _ ⊠No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip <u>-</u>
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: Tippiecanoc Twp.	Fax: 574-834-7676	
Health Department: Kosciusko County		Fax: <u>(574)</u> Fax:	
Child Proto	ection Service: <u>n/a</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.